

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **30886**
 Registrar's No. **8410**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County St. Louis Mo.
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4610 Carter
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4610 Carter Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME Kate Bruening (nee Schulte)
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Fem. 5. Color or race W
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Wm. J. Bruening
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 9 1877
 (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 17
 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Schulte

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Louise Hathman

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Ostrowski

(b) Address 4610 Carter Ave.

17. (a) Burial (b) Date thereof Sept 29, 48
 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Stroot Garroll

(b) Address 4600 Natl. Bridge Ave.

19. (a) SEP 27 1948 (b) J. F. Breeseck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 26
 year 1948 hour 10 minute 15 AM.

21. I hereby certify that I attended the deceased from December 13, 1947 to September 26, 1948
 that I last saw h. or alive on September 26, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 12 hrs.

Due to Hypertension PH 10 min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur S. Suddow (M. D. or other) M.D.

Address 2202 University St. Date signed 9/27/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bentzoffman

Licensed Embalmer No: 4366

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.